

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: ^{M M}07 / ^{D D}01 / ^{Y Y Y Y}2011 To: ^{M M}09 / ^{D D}30 / ^{Y Y Y Y}2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^Y 1523		1,524.90
(b) Cash on Hand at Beginning of Reporting Period.....	1,364.90	
(c) Total Receipts (from Line 19).....	000.00	340.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,364.90	1,864.90
7. Total Disbursements (from Line 31).....	000.00	500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,364.90	1,364.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 07 01 2011 To: ^{M M / D D / Y Y Y Y} 09 30 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 0,000.00	, 000.00
(ii) Unitemized.....	, 000.00	, 340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 000.00	, 000.00
(b) Political Party Committees.....	, 000.00	, 000.00
(c) Other Political Committees (such as PACs).....	, 000.00	, 000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	, 000.00	, 340.00
12. Transfers From Affiliated/Other Party Committees.....	, 000.00	, 000.00
13. All Loans Received.....	, 000.00	, 000.00
14. Loan Repayments Received.....	, 000.00	, 000.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, 000.00	, 000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, 000.00	, 000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	, 000.00	, 000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, 000.00	, 000.00
(b) Levin Funds (from Schedule H5).....	, 000.00	, 000.00
(c) Total Transfers (add 18(a) and 18(b))..	, 000.00	, 000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 000.00	, 340.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 000.00	, 340.00

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DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00.00	00.00
(ii) Non-Federal Share	00.00	00.00
(b) Other Federal Operating Expenditures	00.00	00.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00.00	00.00
22. Transfers to Affiliated/Other Party Committees	00.00	00.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	00.00	00.00
24. Independent Expenditures (use Schedule E)	00.00	00.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	00.00	00.00
26. Loan Repayments Made	00.00	00.00
27. Loans Made	00.00	00.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00.00	00.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs)	00.00	00.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00.00	00.00
29. Other Disbursements	00.00	00.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H8)		
(i) Federal Share	00.00	00.00
(ii) "Levin" Share	00.00	00.00
(b) Federal Election Activity Paid Entirely With Federal Funds	00.00	00.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	00.00	00.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	00.00	00.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	00.00	00.00

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DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	00.00	00.00
34. Total Contribution Refunds (from Line 22(d))	00.00	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00.00	00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00.00	500.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00.00	500.00

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 12				
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		, , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		, , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		, , .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , .

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NONE

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
City		State Zip Code			
Purpose of Disbursement				Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		, , *	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
B.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
City		State Zip Code			
Purpose of Disbursement				Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		, , *	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
C.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
City		State Zip Code			
Purpose of Disbursement				Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		, , *	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

NOTE

SUBTOTAL of Disbursements This Page (optional).....▶	, , *
TOTAL This Period (last page this line number only).....▶	, , *

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) Voter ID
Total Amount Transferred for Voter ID..... **VOTER ID**

iii) GOTV
Total Amount Transferred for GOTV..... **GOTV**

iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity..... **GENERIC CAMPAIGN ACTIVITY**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) Voter ID
Total Amount Transferred for Voter ID..... **VOTER ID**

iii) GOTV
Total Amount Transferred for GOTV..... **GOTV**

iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity..... **GENERIC CAMPAIGN ACTIVITY**

NDMG

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT

TOTAL This Period for the Levin Share

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**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 10 OF 12
FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional)..... ▶	,	,
2) TOTALS This Period (last page this line number only)..... ▶	,	,
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	,	,
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	,	,

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NONE

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C 00455659
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date M / M / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date M / M / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	\$, .
(b) SUBTOTAL of Unitemized Independent Expenditures	\$, .
(c) TOTAL Independent Expenditures	\$, .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M / M / Y Y Y Y

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NONE

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE	Check if 24-hour notice
--	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

VOID

SUBTOTAL of Expenditures This Page (optional).....▶	,	,
TOTAL This Period (last page this line number only).....▶	,	,

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NO OTHER SCHEDULES APPLICABLE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date
10/11/11
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

AMW *10/21/11*
 PREPARER DATE PREPARED

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